

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/529749

CLAIMS

**AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT**

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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**AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT**

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